## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSU LEE Commissioner for Patents

Mail Stop ISSU -- EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885



or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificat		iciwise iii block 1, by (i	ay spectrying a new corres	polidence address,	, and or	(b) indicating a sepa	mate FEE ADDRESS 10	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23911	7590 04/04	/2007	nave	e its own certificate	oi mam	ng or transmission.		
CROWELL & INTELLECTUA P.O. BOX 14300	I he Stat addi tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
WASHINGTON, DC 20044-4300								
			<u> </u>	****			(Depositor's name)	
				•			(Signature)	
			<u> </u>		<del></del>		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/533,788 05/04/2005			Satoru Kobayashi					
TITLE OF INVENTIO POLYMERS	N: FLUORINE-CONT	AINING VINYL ETH	ERS, THEIR POLYMEI	RS, AND RESIS	т сом	POSITIONS USIN	G SUCH	
APPLN. TYPE	SMALL ENTITY	ISSUÉ FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/05/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	<b>67/65/20</b>	87/85/2007 CNGUYEN3 80008010		9533788	
KEYS, ROSALYND ANN		1621	568-665000	wi fictioni			1400.00 UP 300.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p	atent front page, lis	lai	· Crowell	l & Moring LLP	
	ondence address (or Cha 3/122) attached.	(1) the names of up to or agents OR, alternativ	ely,		ys	I & HOLLING LLI		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIC	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Central Glass Company, Limited Ube-Shi, Japan								
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual XX Co	rporation	n or other private gro	oup entity Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							shown above)	
Issue Fee .	o amali antitu dianaunt -	☐ A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  5			The Director is hereby authorized to charge the required fee(s) any deficiency, or credit any					
Advance Order - #	of Copies		overpayment, to Depos	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).				
5. Change in Entity Stat	,	,	_					
	SMALL ENTITY statu		b. Applicant is no long	_			(0) ( )	
NOTE: The Issue Fee and interest as shown by the r	I Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a regis	stered att	orney or agent; or th	e assignee or other party in	
Authorized Signature	Christon	MW		Date Jul				
· · · · ·	Christopher		Registration N					
This collection of informa an application. Confident submitting the completed this form and/or suggestie Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this buringinia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (	on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 n idual case. Any corr, U.S. Patent and THIS ADDRESS	ne public ninutes to mments Tradema SEND	which is to file (and o complete, includin on the amount of tin rk Office, U.S. Depa TO: Commissioner i	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.